

## IN THE UNITED STATES DISTRICT COURT

THE SOUTHERN DISTRICT OF CALIFORNIA

**FILED**

JAN - 7 2008

CLERK, U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
BY DEPUTYPRISONER'S  
IN FORMA PAUPERIS  
APPLICATION

IN RE:FRANCIS DIBLASI

2254	1983
FILING FEE PAID	
Yes	No
HFP MOTION FILED	
Yes	No
COPIES SENT TO	
Court	Prose

'08 CV 0041 IEG BLM

I, FRANCIS DIBLASI, declare under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes X No \_\_\_\_\_

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \$48.00 Net: \$48.00

Employer: C.D.C.R.C.T.F. SOUTH, SOLEDAD CALIF. 93960-0690

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

AUTOZONE, CAR PARTS, PALM SPRINGS CALIF. DEC. 2004

2. Have you received, within the past twelve (12) months, any money from any of the following sources:

- |   |           |  |
|---|-----------|--|
| a. Business, Profession or self employment  | Yes _____ | No <input checked="" type="checkbox"/> X |
| b. Income from stocks, bonds, or royalties?                                       | Yes _____ | No <input checked="" type="checkbox"/> X |
| c. Rent payments?   | Yes _____ | No _____ X                               |
| d. Pensions, annuities, or life insurance payments?                               | Yes _____ | No <input checked="" type="checkbox"/> X |
| e. Federal or State welfare payments, Social Security or other government source? | Yes _____ | No <input checked="" type="checkbox"/> X |

If the answer is "yes" to any of the above, describe each source of money and state the amount received from each.

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3. Are you married? Yes \_\_\_\_\_ No  X

Spouse's Full Name: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_

Spouse's Monthly Salary, Wages or Income:

Gross \$\_\_\_\_\_ Net \$\_\_\_\_\_

4. a. List amount you contribute to your spouse's support:

\$\_\_\_\_\_

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support:

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5. Do you own or are you buying a home? Yes \_\_\_\_\_ No  X

Estimated Market Value: \$\_\_\_\_\_ Amount of Mortgage: \$\_\_\_\_\_

6. Do you own an automobile? Yes \_\_\_\_\_ No \_\_\_\_\_  X

Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Is it financed? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, Total due: \$\_\_\_\_\_

Monthly Payment: \$\_\_\_\_\_

7. Do you have a bank account? (If you are a prisoner, include funds in your prison account, and provide the certificate attached, signed by an officer of the prison.)

Yes \_\_\_\_\_ No X

Name(s) and address(es) of bank: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present balance(s): \$ \_\_\_\_\_

Do you own any cash? Yes \_\_\_\_\_ No X Amount: \$ \_\_\_\_\_

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_

8. What are your monthly expenses?

Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed On This Account</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable.)  
\_\_\_\_\_  
\_\_\_\_\_

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

N.A.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

12-18-07

DATE

Francis DiBlosi

SIGNATURE OF APPLICANT

Case Number: INFO50046

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of FRANCIS DIBLASI V94265 for the last six months at [prisoner name]

C.T.F. SOUTH where (s)he is confined.  
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 21.77 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 17.32.

Dated: 12-31-07

*Brenda Nation, Account Technician*  
Authorized officer of the institution

SOLEDAD STATE TRAINING FACILITY  
P.O. BOX 686  
SOLEDAD, CA 93960  
ATTN: TRUST OFFICE



THIS STATEMENT IS A CORRECT  
RECORD OF THE ACCOUNT MAINTAINED  
BY THE PRISONER  
ATTEST: 12-31-07  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY *Brenda Nation*  
TRUST OFFICE

*Account Technician*

REPORT ID: TS3030 .701

REPORT DATE: 12/28/07

PAGE NO: 1

## CALIFORNIA DEPARTMENT OF CORRECTIONS

CTF SOLEDAD/TRUST ACCOUNTING

INMATE TRUST ACCOUNTING SYSTEM

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 27, 2007 THRU DEC. 28, 2007

ACCOUNT NUMBER : V94265 BED/CELL NUMBER: SOD600000000034L

ACCOUNT NAME : DIBLASI, FRANCIS

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

## TRUST ACCOUNT ACTIVITY

TRAN

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
07/27/2007		BEGINNING BALANCE					18.67
08/03	D554	INMATE PAYROL 0393 P15		20.00			38.67
08/14	FC04	DRAW-FAC 4 0534 SOUTH			38.67	0.00	
09/07	D554	INMATE PAYROL 0777 P10		20.00			20.00
09/22	W516	LEGAL COPY CH 0997 LCOPY			3.80		16.20
10/06	D554	INMATE PAYROL 1110 P12		9.20			25.40
10/06	D554	INMATE PAYROL 1110 P14		20.00			45.40
10/15	FC04	DRAW-FAC 4 1233 SOUTH			45.40	0.00	
11/06	D554	INMATE PAYROL 1433 P6		48.00			48.00
11/19	FC01	DRAW-FAC 1 1606 ML			48.00	0.00	
12/06	D554	INMATE PAYROL 1749 P17		48.00			48.00
12/17	FC04	DRAW-FAC 4 1909 FC04			48.00	0.00	

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
18.67	165.20	183.87	0.00	0.00	0.00

CURRENT  
AVAILABLE  
BALANCE

0.00

**CORRECTIONAL TRAINING FACILITY**  
**P.O. BOX 686**  
**SOLEDAD, CA 93960**  
**ATTN: TRUST OFFICE**



THE INFORMATION CONTAINED IN THIS DOCUMENT IS A CORRECT  
 COPY OF THE INMATE ACCOUNT MAINTAINED  
 BY THIS OFFICE.

ATTEST: 12-31-07

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Brenda Nation  
 TRUST OFFICE

*Brenda Nation*  
*Account Technician*